



# Hygieia

## OLDER AMERICANS PEOPLE AT RISK FROM CARS AND FALLS

Falls and motor vehicle crashes are the leading cause of injury deaths in people aged 65 and older, with significant disparities by sex, race, and ethnicity. US census data were used to calculate the death rates for men and women by race and ethnicity. Motor vehicle related deaths for men were 79%–90% higher than for women regardless of race, and higher among non-white people (except Asian men) with American Indians faring the worst. Fall related deaths were higher among white men and women and almost twice the rate for all the other races combined. The authors hope that prevention strategies can be improved by targeting high risk groups. (*Injury Prevention* 2002; **8**:272–5)

## RHEUMATOID ARTHRITIS COSTS MORE FOR WOMEN

An Australian questionnaire based study has found that women are more affected by rheumatoid arthritis than men. Rheumatoid arthritis is a chronic disabling disease that imposes considerable costs to the patient. The authors investigated the economic and psycho-social costs that those affected face with a prospective cohort study of 81 patients. Women were more affected than men in health status, social impact, and out of pocket costs. The costs incurred increased with the length of the disease, and those with private health insurance spent more on out of pocket costs. (*Ann Rheum Dis* 2002; **61**:818–21)

## TRAUMA MORTALITY IS HIGHER IN DEVELOPING COUNTRIES

According to the World Health Organisation, trauma will be the leading cause of life years lost for both developed and developing nations by the year 2020. Researchers from Pakistan calculated the survival probability of 279 trauma patients using the trauma and injury severity scoring (TRISS) method, and found that actual mortality was higher than the number of deaths predicted using norms derived from a major North American trauma study. An explanation might be

the failure of present injury survival instruments to adjust for the poor pre-hospital care, transport delays, and inter-hospital transfers that frequently occur in developing countries. (*Emerg Med J* 2002; **19**:391–4)

## DRUNK DRIVERS MORE LIKELY TO PROBLEM DRINK

Fatally injured drivers who have a high blood alcohol concentration (BAC) are much more likely to have a history of problem drinking than other fatally injured drivers. A retrospective cohort study of 818 fatally injured US drivers examined the relation between the BAC data from traffic crash reports and the history of problem drinking, based upon interviews with family members. At least one indicator of potential problem drinking (usually heavy drinking) was reported for 68% of drivers with very high BAC, and for 7% of drivers with zero BAC, leading the authors to suggest that more prevention efforts should target problem drinkers. (*Injury Prevention* 2002; **8**:221–6)

## TEN YEAR OUTCOME IN RHEUMATOID ARTHRITIS

A prospective study examining the outcome of patients with early rheumatoid arthritis found that 94% maintained daily life activities independently after 10 years, while 18% were in remission and 17% had undergone large joint replacements. The study identified 183 patients with rheumatoid arthritis who had experienced the disease for less than two years. Patients were evaluated every year by questionnaire to assess daily living, and objective end outcomes such as clinical and laboratory measurements were also used. It is hoped that the variability demonstrated will provide useful background information for future clinical trials. (*Ann Rheum Dis* 2002; **61**:1055–9)

## EXAMINATION SCHEDULE PROVES RELIABLE

Rheumatologists in Southampton, UK, have devised an examination schedule sufficiently reproducible for community epidemiological research into soft tissue musculoskeletal disorders of the neck and upper limbs. The lack of an agreed diagnostic classification system has held

back previous research into these disorders. The study included 97 patients with a recent history of neck or upper limb complaints, each of whom was independently examined by a rheumatologist and research nurse. The repeatability for eliciting items in the physical examination was generally good for each of the specific diagnosis (median  $\kappa$  coefficient of 0.66), suggesting that the Southampton examination schedule may be useful as a diagnostic classification system in the community. (*Ann Rheum Dis* 2002; **61**:1103–6)

## CODE CONFUSION IN FINNISH DROWNING DEATHS

Deaths by drowning in Finland are underestimated using only *International Classification of Diseases* (ICD) external (E) codes and not injury (I) codes, confirming similar findings from other countries. Doctors at the Department of Forensic Medicine in Helsinki looked at 13 061 deaths by drowning from 1969 to 2000 and found 644 deaths were recorded with codes other than E codes for drowning. Traffic accidents were responsible for most of the non-code E deaths. The findings question the validity of the WHO and other countries using only ICD E codes for health statistics on drowning. (*Injury Prevention* 2002; **8**:342–4)

## INDIVIDUALS ARE PART OF THE JIGSAW

Injury prevention strategies in Spain need to be developed in the context of individuals as well as the wider community. Existing studies concerning social inequalities in health suggest socioeconomic inequalities in injury mortality and morbidity exist in favour of the more privileged. A small area of Barcelona was studied, with all injury deaths in residents older than 19 from 1992 to 1998 being analysed. Age and sex specific mortality rates were calculated for each educational level and each cause of death—traffic injuries, falls, drug overdose, suicide, and other injuries. The authors found that death rates were higher in males, at the extremes of age, and for lower educational levels, leading them to suggest that injury prevention plans need to account for the individual and their socioeconomic position. (*Injury Prevention* 2002; **8**:297–302)